

FROM THE EDITOR'S DESK

Nurses Strike

A planned strike by nurses in the Canterbury region was narrowly averted recently following successful negotiations. The strike was planned for 3 days any time over a specified 15-day period and would have involved approximately 2200 nurses and midwives and disrupted care within a large tertiary hospital over the 15 days. The nurses were striking to improve their pay and conditions which they perceived to be unequal to other regions of New Zealand.

The issue of nurses striking is always contentious. Some feel that it goes against the very nature of nursing who entails that the patient's health or well-being should never be risked for their own aims. In recent polls on the most trusted professions nurses were within the top three along with firefighters and airline pilots, all considered to be people who will put the needs of others before their own.

Others clearly think nurses should retain the facility to strike after all negotiations have failed, and there are good arguments to support this. Industrial action by nurses can be used directly to improve conditions for patients and should therefore be supported. Striking to achieve pay and conditions commensurate to their work is defensible for at least two reasons. The first of these reasons is because improving pay and conditions reflects the value of nurses to society and formally recognises that. The other reason is that improving pay and conditions for nurses will indirectly positively affect patient care, nobody wants to be cared for by people who feel resentful, undervalued and have become cynical about their work. It is too easy to exploit health care professionals who because of constant contact with patients and their families know how important access to health services is to people and they are reluctant to threaten that by strike action. Therefore when health professionals strike it is, more often than not, a last resort action. Because of the disruption caused and the risk to the health and well-being of patients, as well as the potential for loss of trust in health care professionals, withdrawal

of labour is rightly to be used exclusively as a last resort only after all other methods of negotiation have been tried.

In New Zealand, frequent and extensive reforms within the health sector have eroded work conditions and morale of all staff in the health sector. Increasing layers of management have been put in place, sometimes giving themselves what are perceived to be huge salary packages and plush surroundings, while health care workers are told there is no more money in the coffers for any wage increases for staff at the 'coalface' or improvements in services for patients.

The strike action by Canterbury nurses may have had defensible ends but may still have been unnecessary and therefore unjustifiable. About the same time, nurses and midwives in the five remaining District Health Boards in the South Island had joined together to successfully bargain a Multi Employer Collective Agreement. This agreement was successfully negotiated and standardised pay and conditions over these regions. Canterbury nurses opted not to join these negotiations and instead took their own path. What each group achieved was remarkably similar in the overall package to nurses. How this was achieved varied markedly.

Contents of this Journal

In this issue we are particularly fortunate to be able to publish the text of the Governor General's keynote address at the recent New Zealand Bioethics Conference. Dame Silvia records some of her personal experiences as the Judge appointed to head what proved to be a formative event in New Zealand health care ethics and law. Responses are invited on themes and issues raised by Dame Silvia's address.

Acknowledgement

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Lynley Anderson, Editor